Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/601,468 | | | ing Date 23/2003 | To be Mailed |
|---|---|---|--------------------------------------|--|--|---|---|------------------------|----|-----------------------|------------------------|
| | AF | PPLICATION A | AS FILE | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | | |
| | FOR | N | NUMBER FILED | | (Column 2) NUMBER EXTRA | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | N/A | | 1 | N/A | , , |
| | SEARCH FEE (37 CFR 1.16(k), (i), (i) | | N/A | | N/A | | N/A | | 1 | N/A | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | ΞE | N/A | | N/A | | N/A | | 1 | N/A | |
| | TAL CLAIMS CFR 1.16(i)) | | minus 20 = | | * | | x \$ = | | OR | x \$ = | |
| IND | DEPENDENT CLAIM CFR 1.16(h)) | IS | minus 3 = | | * | | x \$ = | | 1 | x \$ = | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | shee is \$2 addit | ts of pap 50 (\$125 ional 50 : | ngs exceed 100 ion size fee due v) for each on thereof. See 7 CFR 1.16(s). | | | | | | | |
| | MULTIPLE DEPEN | IDENT CLAIM PR | 7 CFR 1.16(j)) | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | | | TOTAL | |
| APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| ENT | 06/22/2009 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| AMENDMENT | Total (37 CFR 1.16(i)) | * 18 | Minus | ** 20 | = 0 | | x \$ = | | OR | X \$52= | 0 |
| | Independent (37 CFR 1.16(h)) | * 2 | Minus | ***3 | = 0 | 1 | x \$ = | | OR | X \$220= | 0 |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | | _ |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1.16(i)) | * | Minus | ** | = | | x \$ = | | OR | x \$ = | |
| | Independent (37 CFR 1.16(h)) | * | Minus | *** | = |] | x \$ = | | OR | x \$ = | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.